Plumbing Retrofit Program
Rebate Application
Must be a Sioux Falls Utilities Water Customer

City of Sioux Falls

City of Sioux Falls
Leading**Green**

☐ **Toilet**   ☐ **Programmable Irrigation Timer**   ☐ **Irrigation System Rain Sensor**

An original receipt from a Sioux Falls retailer **MUST BE** submitted with this application. Incomplete applications **WILL NOT** be accepted.

Toilet:	**Programmable Irrigation Timer:**
• A rebate up to $75 (see below) toward the price of purchase and installation for replacement of inefficient toilets manufactured prior to 1992 with a new efficient 1.6-gallon-per-flush toilet in residential properties. • The City will not provide rebates for toilets in new construction, additions, or replacement of existing 1.6-gallon-per-flush toilet(s). • **Single-family**—may qualify for up to $75 for the first toilet, $60 for the second, and $50 for each additional toilet. • **Multiple-family** (more than one attached unit)—may qualify for up to $50 for each additional toilet.	• A rebate for the price of purchase and installation for a replacement timer that works with an underground irrigation system to comply with all City lawn watering schedules. • Rebates for irrigation timers in new construction will not be provided. • Residential properties can qualify for a rebate up to $80 toward the purchase and installation of the first irrigation timer, and $65 for each additional timer. **Irrigation System Rain Sensor:** • A residential property can qualify for a rebate up to $50 toward the purchase and installation of the first rain sensor, and $35 for each additional rain sensor. • Rebates only apply to existing lawn irrigation systems installed before May 12, 2005.

APPLICANT INFORMATION

Customer: _____   _____
(Customer who is to receive rebate)   Last name or company name   First name (if applicable)

Mailing address: _____ _____ _____ _____
Street address, apartment no., P.O. Box   City   State   Zip code

Telephone number: _____   _____
                                               Home   Work

Retrofit installation address(es): _____
(Attach a separate sheet if necessary.)   Street address, apartment no.(s)

_____

PROPERTY TYPE/INSTALLATION SITE INFORMATION

Please select the type of property:
☐ **Single-family**
☐ **Multiple-family (more than one attached unit**)

Please select one:

Year constructed: _____   ☐ Owner-occupied   ☐ Rental

Sioux Falls Utilities Account No.: _____
(located on your water bill)

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Toilets:

No. of bathrooms in property: _____ No. of toilets replaced: _____

Date of purchase: _____ Price: $ _____

Brand of new toilet(s): _____ Model No(s).: _____

Manufacture date of toilet(s) being replaced: _____
(Date is typically stamped inside the toilet tank and/or lid.)

Programmable Irrigation Timer:

Brand of new irrigation timer: _____

Model No. _____

No. of timers replaced: _____

Date of purchase: _____

Price: $ _____

Irrigation System Rain Sensor:

Brand of new rain sensor(s): _____

Model No. _____

No. of sensors replaced: _____

Date of purchase: _____

Price: $ _____

AGREEMENT

In order to receive the rebate, the customer/property owner agrees to the following conditions:

1. All rebates are subject to availability of funding and are provided on first-come, first-served basis.

2. Rebates will be in the form of a credit to my Sioux Falls Utility account. If I do not have an active account with the Sioux Falls Utilities, my refund will be in the form of a check.

3. The device replaced meets specified program requirements from the first page.

4. I agree that the City can inspect my property to confirm that the device was installed, done so properly, and is operating for its intended purpose. If the inspection, whenever performed, shows that the device is not installed or is not performing as represented in this rebate application, I agree to refund any funds received from the City.

_____ _____ _____
Signature   Date   Print name

Send completed application and original receipt (photo copies will not be accepted) to:

> Sioux Falls Utilities
> Plumbing Retrofit Program
> P.O. Box 7402
> Sioux Falls, SD 57117-7402
> (605) 367-8131

OFFICE USE ONLY

Make and model of toilet(s): _____ No. of toilet(s): _____ Rebate amount: $ _____

Make and model of irrigation timer(s): _____ No. of timer(s): _____ Rebate amount: $ _____

Make and model of rain sensor(s): _____ No. of sensor(s): _____ Rebate amount: $ _____

Verification by: _____ Date: _____

Rebate Application: ☐ Approved ☐ Denied **Total Rebate Amount** $ _____

Additional notes: _____